

**MEDIATION CLINIC  
INTERIM REPORT FORM**

Please submit this report form to Linda Smith at monthly intervals throughout the semester.

**NAME:** \_\_\_\_\_ **TERM:** \_\_\_\_\_

Date submitted: \_\_\_\_\_ **TOTAL HRS WORKED:** \_\_\_\_\_

Assigned program and supervisor(s) for regular observation and mediation work:

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**I. OBSERVATIONS**

A. Please **detail** each observation experience you had during this month without identifying any mediator by name or any mediation by date or by parties' names. Use additional pages if necessary.

<u>Mediation Hours/Minutes</u>	<u>Type of Case or Issue</u>
<u>Number</u> <u>Observed</u>	<u>Dealt With (e.g. LL-T, divorce, employment)</u>

B. Please **analyze and assess** what you learned from these observation experiences. You may discuss each observation separately or you may analyze them in meaningful groupings.

**II. PARTICIPATING IN MEDIATIONS OR OTHER ADR PROCEEDINGS**

A. Please **detail** each experience you had participating in mediation or another alternative dispute resolution proceeding during this month. Again, do not identify any co-mediator or the parties by name. Do not include so much factual description as to identify the parties by the details. Use additional pages if necessary.

<u>Number</u>	<u>Hours/Minutes</u>	<u>Type of Case or Issue Dealt With</u>
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B. Please **analyze and assess** what you learned from this participation. You may discuss each experience separately or you may analyze them in meaningful groupings.

### III. ADMINISTRATIVE WORK

A. Please **describe** the administrative work you have undertaken this month.

B. Please **discuss** what you have learned about ADR programs or about dispute resolution itself from this work.